#### **Appendix B – Rapid Review Information Request Template**

# Insert Local SCP Safeguarding Children Partnership

### Rapid Review Information Request

Under arrangements set out in <u>Working Together 2018</u>, when a serious child safeguarding incident occurs, the Local Safeguarding Children Partnership is required to undertake a 'rapid review'. The findings of the review will be submitted to the National Child Safeguarding Practice Review Panel<sup>2</sup>.

#### The aim of this rapid review is to enable safeguarding partners to:

- gather the facts about the case, as far as they can be readily established at the time
- discuss whether there is any immediate action needed to ensure children's safety and share any learning appropriately
- consider the potential for identifying improvements to safeguard and promote the welfare of children
- decide what steps they should take next, including whether to undertake a child safeguarding practice review
- share identified learning appropriately

Your agency has been identified as being involved with the child/family shown below. For the purposes of the rapid review, it is important that agencies reflect on their involvement when completing this form.

Please return the completed form by XX/XX/XXX Forms should be emailed (securely) to: INSERT LOCAL EMAIL

## The information submitted here is confidential and is not for onward circulation.

<sup>&</sup>lt;sup>2</sup> National Child Safeguarding Practice Review Panel – is responsible at a national level for identifying and overseeing the review of serious child safeguarding cases which it considers are of national importance, with local safeguarding practice reviews being the responsibility of the West Sussex Safeguarding Children Partnership.







<sup>&</sup>lt;sup>1</sup> Rapid Reviews are additional and separate to the Child Death Review/ Joint Agency Review process. The WSSCP is required to submit its findings to the Panel within 15 days of the critical incident

SECTION 1 - YOUR DETAILS									
Your Name and Role									
Your Agency									
Contact (email and telephone)									
SECTION 2 - CH	ILD'S DET	AILS							
Child's full name:				Other names used:					
Child's date of birth	:					death/ ncident:			
Gender:				Ethnicity:					
Religion:					SEN and/or Disability:				
Child's home address:									
Where does the chil live?	<b>d</b> Home		Local author care	ity		With relatives		Other, please state	
Child's educational establishment/status	5:								
Period of Interest for the Rapid Review			XXXX to XXXX, but if there is relevant info in advance of this please include, also please include as a summary any relevant info regarding sibling and/or parents.						
SECTION 3 - Summary of incident as known									







SECTION 4 -	SECTION 4 - Parent/Carer / Family / Significant Others and Household Details					
Mother's nar	ne:			Mother's date of birth:		
Mother's add (if different)						
Father's nam	ne:			Father's date of birth:		
Father's add (if different)						
other signific adults and the relationship the child:	Petails of any Ither significant dults and their elationship to					
DETAILS OF S	SIBLINGS					
Name of sibl	ing: Date of birth:	Gender:		ess (if different to :hild):		Educational establishment:
If your agency holds information different to the above or information on any other family/significant others please provide details here:						
Agency deta	ails on any signif	icant othe	rs (no	t included above)	)	
Name	Relationship to child	Gender	Date of Birth Last		known address	

Agency deta	Agency details on any significant others (not included above)						
Name	Relationship to child	Gender	Date of Birth	Last known address			

SECTION 5 - SAFEGUARDING OTHER CHILDREN
Is there any other child (ren) for which immediate action is needed/taken to ensure their safeguarding needs are met?







#### SECTION 6 - KEY EVENT SUMMARY OF AGENCY INVOLVEMENT

Provide a SUMMARY of agency/service involvement - this should include:

- your agency reference number for the child / children / adults (such as NHS number, PNC number, Social Care case number, etc.)
- any concerns about the child / children or parents / family members and actions taken by your agency to ensure safeguarding needs have been met

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Provide a SUMMARY of significant events / interventions (e.g. changes in family, coming to the attention of the Police, Attendance at A&E, referral to other agency)
Please try and restrict submission to two pages - this is a summary of the information you hold on contact with this child. Add more rows as required.

Date / Period / Length of involvement (Chronological Order)	Type of Involvement / Significant Event	Outcome

Frontline staff involvement during time known to your services within the period of interest specified above

\*\* It is the responsibility of each organisation to ensure that staff involved with the case are supported and updated about details of the incident and this review \*\*

Name	Job Title	Dates involvement	of

Other agencies / practitioners known to be involved from your records







Name	Job Title	Dates of involvement

#### SECTION 7 - AGENCY REFLECTIONS & LEARNING

Based on the events and interventions above consider:

1. Were the needs of the child understood and responded to by the intervention/service provided?

If so, what helped achieve this (e.g., input from child/family, timeliness, relationships, procedure compliance)?

If this wasn't achieved, what stopped or limited this?

#### Based on the events and interventions above consider:

2. Did your agency/service work with others?

If so what worked well (e.g. shared plans and analysis, good challenge etc)

What improvements could be made?

#### Based on the events and interventions above consider:

3. Identity and Intersectionality

How was the child's/or family's race, culture, faith, and ethnicity considered by practitioners and did cultural considerations impact on practice? How did any disability, physical or mental health issues, and any identity factors for the child and/or family impact on the child's lived experience and on practice? How were the child's intersecting needs identified and understood?

#### Based on the events and interventions above consider:

4. What key moments, if any, can be identified where different decisions could have been made?

What would the potential impact of this have been?







Based on the events and interventions above consider:

5. What is the immediate learning identified by your agency and how will this be shared?

Thank you for completing the Rapid Review.





